REST AND RETIREMENT:

A REPORT ON THE REGULATION OF

RESIDENTIAL CARE FACILITIES

FROM

THE ADVISORY COMMITTEE ON REST HOMES

TO

THE MINISTER FOR SENIOR CITIZENS' AFFAIRS

APRIL, 1989

90-00015/

THE ADVISORY COMMITTEE ON REST HOMES WAS ESTABLISHED IN 1987 TO PROVIDE ADVICE TO THE MINISTER FOR SENIOR CITIZENS' AFFAIRS ON THE MOST APPROPRIATE APPROACH TO ENSURING QUALITY OF CARE IN REST AND RETIREMENT HOMES.

THE FOLLOWING REPORT PRESENTS THE COMMITTEE'S ADVICE AND RECOMMENDATIONS FOR THE CONSIDERATION OF THE MINISTER FOR SENIOR CITIZENS' AFFAIRS.

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March 31, 1989

The Honourable Mavis Wilson
Minister for Senior Citizens' Affairs
6th Floor
76 College Street
Toronto, Ontario
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Dear Madam Minister:

Re: Advisory Committee on Rest Homes

On behalf of the Advisory Committee on Rest Homes, I am pleased to submit our report, Rest and Retirement: A Report on the Regulation of Residential Care Facilities. This report is the culmination of almost two years of work by your advisory committee and sets forth our recommendations on the regulation of standards of care in rest homes.

Your committee's work has been greatly assisted by the contributions of numerous staff members in your office and in related ministries. We appreciate the contributions of Barbara Blake and Gary Debow from the Ministry of Health, Mary Lynne Hobbs and Judy Orendorff of the Ministry of Housing, Walter Kushnir, Geoff Quirt, Myra Smithies and Marc Topham of the Ministry of Community and Social Services, and David Shtern from the Ministry of Municipal Affairs. We are grateful for the assistance of staff from the Ministry of Senior Citizens' Affairs: Beverley O'Connell Boecker, Sharon Hawkins, Glen Heagle, Krystine Linttell, Sharon Nettleton and David Smith. Special thanks are extended to Myra Wiener who provided superb technical assistance throughout the committee's tenure. The report was most ably prepared by Myra Schiff Consultants Limited.

The committee has found its work to be interesting and challenging. We trust you will find our report useful and we look forward to learning your reactions. As you will note in the report, your committee is willing to continue to serve in order to assist you in implementing the next phase. We will watch developments in this important field with interest and concern.

Yours truly,

Jacquelin Holzman

Jacquelin Holzman
Chairman
Advisory Committee on Rest Homes

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ADVISORY COMMITTEE ON REST HOMES

TERMS OF REFERENCE

Purpose

- The Committee will act in an advisory capacity, providing advice and assistance, as part of the process to ensure the regulation of standards of care in rest homes.

- In its advisory capacity the committee will serve as:

  - a forum for discussion of general issues
  - a focus for policy direction considerations (including feedback on interest group submissions and draft policy proposals)

- Members will be drawn from broad sectors, e.g., municipal government, public health, the rest home industry and seniors.

- Advisory Committee members have expertise and/or special interest in various areas pertinent to considerations of regulation of standards of care in rest homes.

- Members are not deemed to be representatives of any particular organization or group.

- Members may, at the request of the Minister, form subcommittees, outside of the Advisory Committee, to consider specific issues.

ADVISORY COMMITTEE ON REST HOMES

LIST OF MEMBERS

Jacquelin Holzman, Chairman
Alderman
City of Ottawa

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President
JBG Management Inc.

Mary Ann Chang
Supervisor of Social Work
The Queen Elizabeth Hospital, Toronto

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City of Etobicoke Health Department

Karen Goldenberg
Executive Vice President, Corporate Planning
The Dynacare Health Group Inc.

Joyce King (Resigned September, 1988)
President
United Senior Citizens' of Ontario

The Reverend George McClintock
President
Canadian Institute of Religion and Gerontology

Shirley McHardy
Reeve of Ridgetown

Juliette Pilon

Myra Schiff (Resigned October, 1988)

ADVISORY COMMITTEE ON REST HOMES

EXECUTIVE SUMMARY

The growth in the number of Ontario's elderly has brought increased interest in accommodation options specifically for seniors. While historical data is not available, there are indications of a notable increase in the number of rest home beds, but there is no provincial regulation of care in rest homes.

In the Spring of 1986 the government released "A New Agenda: Health and Social Service Strategies for Ontario's Seniors" stating its commitment to identifying the most effective means to ensure adequate standards of care in rest homes and to ensuring that rest homes are subject to appropriate legislation. The Advisory Committee on Rest Homes was established in the Spring of 1987 to advise the Minister on the most appropriate approach to regulating standards of care in rest homes.

The Committee reviewed the results of a survey of existing rest homes carried out on behalf of the Office for Senior Citizens' Affairs, and reviewed the contents of briefs submitted by various individuals and agencies. It also reviewed the approach and experience of several other jurisdictions, including other Canadian provinces and the State of Florida.

THE OVERALL GOAL FOR THE REGULATION OF CARE IN REST HOMES IS TO ENSURE THE HEALTH, SAFETY AND WELL-BEING OF RESIDENTS IN REST HOMES.

The Committee shared certain basic principles which influenced their discussion and decision-making:

1. **Equality of Access** -- All Ontarians have the right to an adequate system of care in rest homes.

2. **Rest home as the Residents' Own Home** -- From a philosophical perspective, the rest home should be viewed as the resident's own home. However, the rest home should not be viewed as the resident's own home when legal matters are under consideration.

3. **Resident Independence and Protection** -- A balance must be achieved between the desire to protect residents and the need to respect the residents' desire for independence.

4. **Protection of Facility Operators** -- In some circumstances, the facility operator may require protection from inappropriate behaviour on the part of residents and their families.

5. **Desire to Ensure a Viable Industry** -- Because rest homes play an important role in the continuum of care and services it is important to ensure that the viability of the industry is not jeopardized.

6. **Costs** -- Different approaches to regulation will have different cost implications for the province.

The Advisory Committee on Rest Homes makes the following specific recommendations with respect to the method of regulation:

1.1 IN THE LONG TERM, THE REGULATION OF CARE IN REST HOMES SHOULD BE CONSIDERED AS PART OF A COMPREHENSIVE RATIONALIZATION OF THE EXTENDED AND RESIDENTIAL CARE SYSTEMS IN ONTARIO.

1.2 THIS RATIONALIZATION SHOULD RESULT IN NEW LEGISLATION FOR EXTENDED CARE AND SPECIFIC LEGISLATION FOR RESIDENTIAL CARE, WHETHER IT IS PROVIDED IN REST HOMES OR IN HOMES FOR THE AGED.

1.3 THE LEGISLATION FOR RESIDENTIAL CARE SHOULD PROVIDE FOR ENFORCEMENT TO REST WITH THE MUNICIPAL LEVEL OF GOVERNMENT.

1.4 IN THE SHORT TERM, THE PROVINCE SHOULD ENACT LEGISLATION ALLOWING MUNICIPALITIES TO REGULATE STANDARDS OF CARE IN REST HOMES IN THEIR JURISDICTION.

1.5 THE PROVINCE SHOULD DRAFT A MODEL BY-LAW WHICH MUNICIPALITIES CAN USE TO REGULATE STANDARDS OF CARE IN REST HOMES.

The following recommendations are made with reference to regulating standards of care in rest homes:

2.1 MATTERS RELATING TO SERVICES, RATES, ADMISSION AND DISCHARGE SHOULD BE HANDLED THROUGH AN INDIVIDUAL CONTRACT BETWEEN THE RESIDENT AND THE REST HOME.

3.1 ALL HOMES MUST MEET THE REQUIREMENTS OF THE ONTARIO BUILDING CODE, THE FIRE CODE, MUNICIPAL STANDARDS FOR THE ZONED LAND USE, AND PROPERTY STANDARDS FOR REST HOMES.

4.1 RESIDENTS SHOULD ADMINISTER THEIR OWN MEDICATION IF THEY ARE CAPABLE OF DOING SO. IF THEY ARE NOT CAPABLE OF ADMINISTERING THEIR OWN MEDICATION OR CHOOSE NOT TO DO SO, QUALIFIED STAFF SHOULD ADMINISTER IT TO THEM.

5.1 REST HOMES MUST PROVIDE MEALS AND SNACKS IN ACCORDANCE WITH THE STANDARDS SET FORTH IN THE CANADA FOOD GUIDE.

6.1 REST HOMES WITH 10 OR MORE RESIDENTS MUST HAVE A RESIDENTS COUNCIL WHICH MEETS ON A REGULAR BASIS. REST HOMES WITH FEWER THAN 10 RESIDENTS MUST ESTABLISH A MECHANISM FOR REGULAR MEETINGS BETWEEN RESIDENTS AND THE OPERATOR.

6.2 THE PROVINCE SHOULD APPOINT AN OMBUDSMAN RESPONSIBLE FOR REST HOMES WITHIN THE OFFICE OF THE PROVINCIAL OMBUDSMAN.

7.1 AT LEAST ONE STAFF PERSON MUST BE ON DUTY 24 HOURS A DAY.

8.1 A STAFF PERSON QUALIFIED TO PROVIDE EMERGENCY HEALTH CARE MUST BE AVAILABLE ON THE PREMISES AT ALL TIMES.

9.1 ALL REST HOMES MUST MEET RELEVANT PUBLIC HEALTH STANDARDS TO THE SATISFACTION OF THE MEDICAL OFFICER OF HEALTH FOR THE MUNICIPALITY IN WHICH THE REST HOME IS LOCATED.

10.1 REST HOME OPERATORS MUST PROVIDE ACTIVITY PROGRAMMING IN THEIR FACILITIES AND MUST ASSIST RESIDENTS TO GAIN ACCESS TO APPROPRIATE COMMUNITY PROGRAMS.

11.1 THE REST HOME IS TO KEEP A PERSONAL RECORD FOR EACH RESIDENT.

12.1 REST HOME RESIDENTS MAY PURCHASE NURSING AND PERSONAL CARE SERVICES FROM AN INDEPENDENT OPERATOR ON A SHORT TERM BASIS, AS NEEDED.

13.1 IF A REST HOME HANDLES MONEY ON BEHALF OF THE RESIDENTS, THE HOME IS SUBJECT TO AN AUDIT OR REVIEW BY THE OMBUDSMAN.

I -- INTRODUCTION

The aging of the population is one of the most significant changes facing Canadian society. In Ontario in 1986 there were 992,700 people over the age of 65.[1] It is projected that in 1991 there will be 1,189,200 elderly Ontarians, and in 2001 there will be 1,477,200 people 65 and over in the province of Ontario.[2]

One response to this growth in the province's elderly has been an increased interest in accommodation options specifically for seniors. While historical data is not available, there are strong indications of a marked increase in the number of facilities especially designed to accommodate seniors. Rest homes appear to be among the growth leaders in this field.

The results of a survey carried out by the Ontario Social Development Council for the Office for Senior Citizens' Affairs indicates that in 1987 there were approximately 25,000 rest home beds in the province. The result also indicated that the rest home industry in Ontario is quite diverse.[3] All but ten of the 433

1. Statistics Canada: Census Metropolitan Areas and Census Agglomerations: Part 1, Profiles. 1986.

2. Statistics Canada: Population Projections for Canada, Provinces and Territories 1984-2006, 1985. Projection scenario #2

3. Data on the Ontario rest and retirement home industry is based on the results of a survey carried out by the Ontario Social Development Council for the Office of Senior Citizens Affairs. The survey was mailed to 550 homes, representing all the rest and retirement homes of which the Office was aware as of May 1987. Completed questionnaires were received from 433 homes; an additional 94 homes provided information on the number of beds and residents; 8 indicated only the number of beds; and an additional 15 provided only their address. The rate for completed questionnaires was 78.7%. There were 23,620 beds reported by the 535 homes which provided information on their size. It is therefore reasonable to assume that there were about 25,000 beds in all.

homes responding to a question on ownership are owned by the private sector. The homes range in size from 2 to over 500 beds; the average number of beds in Ontario rest homes is 44, with a median of 27. Approximately 79% of the homes have 60 or fewer beds, and approximately 56% have 30 or fewer beds. However, 56% of the beds are in larger homes (those with more than 60 beds). Hence, while the majority of rest homes are small, the majority of beds are in the larger homes.[4]

With respect to gender, 67% of all residents of rest homes are female; in homes serving primarily the elderly (i.e., where at least 75% of the residents are 65 and over) the proportion of female residents increases slightly to 72.8%. 67.2% of the homes, representing 14,551 beds, serve primarily elderly clients -- that is, at least 75% of the residents are 65 or over. In 15.3% of the homes at least 75% of the residents are under 65. The remaining 17.5% of the homes may be classified as mixed. Overall, residents under 65 represent 17.1% of the residents of surveyed rest homes, while 37.3% of residents are between 75 and 84 and an additional 32.3% of residents are 85 and over.

There are 2594 residents who are subsidized under the domiciliary hostel provision of the General Welfare Act. However, in those homes serving primarily residents under 65, subsidized residents represent 65.2% of the residents (655 of 1005 residents). Subsidized residents may be found in 193 homes which represent 44.6% of the rest homes in the province. 42.7% of the subsidized residents live in homes where most of the residents (i.e., between 76 and 100%) receive subsidy.

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4. Percentages are based on the number of homes responding to individual questions.

There is currently no provincial regulation of care in rest homes[5] and what little regulation of care does exist has been based on local initiative. In 1976 the Ministry of Health developed guidelines for the inspection of "rest homes, lodging houses, group homes and like facilities".[6] Some municipalities (Etobicoke, Windsor, Hamilton, York Region) have developed by-laws to regulate rest homes under their jurisdiction. Other municipalities, such as the Regional Municipality of Ottawa-Carleton have developed standards which form part of a contract entered into by operators and the municipality when residents are referred to the rest home by the municipality under the domiciliary hostel provision of the General Welfare Assistance Act.

In June 1986 the government released the white paper "A New Agenda: Health and Social Service Strategies for Ontario's Seniors". In this policy paper the government committed itself to "...explore all appropriate options to ascertain the most effective means of addressing this issue [the absence of legislation to ensure adequate standards of care in rest homes] and take the necessary steps to ensure that rest homes are subject to appropriate legislation."[7] The Advisory Committee on Rest Homes was established in the spring of 1987 in response to this commitment,

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5. Although there is no provincial regulation of care in rest homes, there is provincial legislation relating to public health standards under the Health Protection and Promotion Act and building standards under the Ontario Building Code.

6. Task Force on Rest Homes, Lodging Houses, Group Homes and Like Facilities, Guidelines for Rest Homes, Lodging Houses, Group Homes, February 1976

7. "A New Agenda: Health and Social Service Strategies for Ontario's Seniors", Hon. Ron Van Horne, Minister for Senior Citizens' Affairs, June 1986, p. 19

with the mandate to advise the Minister on the most appropriate approach to the regulation of standards of care in rest homes.

Some residents in rest homes may be considered in need of protection. Survey responses indicate that there were 2098 incidents of disabilities (physical, psychiatric, developmental or alcohol/drug dependence) among rest home residents under 65; these were to be found in only 245 of the 433 homes which completed the questionnaire.[8] Because there are only 2061 rest home residents under 65, this represents a high incidence of such disabilities; however, this is consistent with the fact that we would not otherwise expect individuals under 65 to be resident in rest homes.

Low income residents may also be considered in need of protection, since their lack of money limits their choices with respect to where they can live. While more affluent individuals can choose which rest home to move to initially, or move to another home if they find their accommodation unsuitable or the quality of care unacceptable, less affluent individuals may have little choice of rest homes, regardless of their suitability. For such individuals, the self-regulation of the marketplace is not always effective.

Some elderly residents may also be considered in need of protection. Among residents 65 and over, 84% are 75 or older and

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[8]. Operators were requested to indicate the number of residents under 65 with each of the four types of disabilities. Thus, it is not possible to determine the number of disabled individuals, since a resident might have been included in more than one category of disability type.

39% are 85 or older.[9] While being old does not necessarily make one vulnerable, it does suggest these residents are now or soon could be frail, not only because of their age but also because they probably moved to a rest home because of their need for some supports.

Vulnerable individuals, such as disabled people, and people who are frail or have low incomes, have the right to accommodation and care which meets fundamental standards with respect to quality of life, as well as basic health and safety standards. At present there is no agreement on these standards, nor are there province-wide mechanisms for enforcing such standards if they did exist.

The issue of rest homes must be viewed within the larger context of the continuum of care and services for Ontarians. In order to do this effectively, there must be clear agreement on what a rest home is. The working definition of a rest home, developed by the Office for Senior Citizens Affairs with input from the Advisory Committee on Rest Homes, is:

> **A rest home** is a home or any house or building or portion thereof which provides for a fee accommodation and residential care to two or more unrelated adult persons but does not include:
>
> a hospital, nursing home, home for the aged, charitable institution, home for special care, group home or any other facility if its services are licensed, approved or regulated by provincial legislation.

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9. Residents 75 and over represent 69.6% of all rest home residents in the survey; those 85 and over represent 32.3% of all rest home residents in the survey.

Residential care in rest homes is defined as supervision and assistance with activities of daily living.

Under this definition, the term "rest home" also includes facilities which are commonly referred to as boarding homes, lodging homes, retirement homes, and like facilities. In fact, the term refers to all facilities which provide residential care except Homes for the Aged and nursing homes.

Because definitions often fail to convey the "flavour" of what is being discussed, a brief description of three rest homes visited by the Committee is presented below.

One of the facilities was a new building which opened in late 1987. It contains approximately 110 units for the well elderly and those able to maintain independence with a little assistance. Services include meals, housekeeping, nursing, assistance with activities of daily living and administration of medication if necessary (but residents are encouraged to be responsible for their own medication.) The setting has a full time activity staff, but residents are also encouraged to participate in community activities. Additional staff include RNs and RNAs, but residents must provide their own attendant or nursing services if they require more than 45 minutes of care per day. (Such residents are also encouraged to move to a different type of facility, in order to convey a sense of wellness and independence within the facility.) The average monthly cost for accommodation and full services ranges between $1790 and $1900.

At the other end of the scale is a small facility with 15 residential beds which has been in operation about 15 years. The facility houses psycho-geriatric patients and a number of residents under 65 who have been referred by a psychiatric facility in the

community. A full-time staff person who lives in the setting is responsible for the home and for the care of the residents, including preparing meals and administering medications. The RN who owns the facility visits for a few hours once or twice a week. The facility is not in good repair, and while it has space for additional residents, the municipality has not granted it a license for the extra beds because the standards are too low.

A third facility, which falls between these extremes, consists of about 20 studio and one bedroom apartments, plus about 25 or 30 retirement home units. Residents range in age between 64 and 96, with an average age of about 83. There are no psychogeriatric residents. This facility has been open about 10 years, and the owner reports that in the last few years it has been necessary to provide increasing amounts of care to residents throughout the facility. Services include meals, housekeeping, nursing, bathing, and administration of medications to those who require this assistance. Residents hire their own attendants and nurses as needed. Staff include a full time activity person, as well as RNs, RNAs, and Health Care Aids. Daily fees range from $47.00 for a room in the retirement home ($1410 a month) to $55.00 for an apartment ($1650 a month).

The Nursing Home Act, Regulations 690, defines "extended care"[10] and states that in order for a facility operator to provide more than 1.5 hours of care a day, the facility must be licensed as a nursing home. This prevents rest home operators from providing residents with more than 1.5 hours of nursing and personal care per day as part of the basic service package, raising questions about

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[10]. "Extended care" is defined as skilled nursing and personal care given by or under the supervision of a registered nurse or registered nursing assistant under the direction of a physician to a resident for a minimum of 1.5 hours per day.

how to provide for rest home residents who have aged in place and who therefore require more than 1.5 hours of care.

There are some legal implications of this which need to be resolved. Some residents are relocated to facilities which are licensed to provide extended care. However, a shortage of extended care beds and residents' desire to remain in their present accommodation points out the importance of resolving the question of how to serve residents' interests without contravening the spirit or the letter of the Nursing Home Act.

II -- THE COMMITTEE'S ACTIVITIES

The Advisory Committee on Rest Homes met on ten occasions between April 16, 1987 and February 17, 1989. At those meetings the Committee carried out a number of activities designed to provide information on the current state of the rest homes industry in Ontario; to review the contents of invited briefs in order to understand how informed others feel the situation should be dealt with; to review how other jurisdictions deal with standards of care in rest homes in their jurisdictions; and to review, evaluate and make decisions about the various approaches which might be used to regulate standards of care in Ontario.

At its initial meeting the Committee reviewed its mandate and, in order to put the rest homes issue into the larger context, received information on related initiatives within the Office for Senior Citizens Affairs and other ministries. These included the Care Requirements Study as a component of the rationalization of the extended care system in Ontario and the study of roomers, boarders and lodgers carried out by the Ministry of Housing.

Much of the Committee's work involved reviewing the results of information gathering exercises carried out by the Office for Senior Citizens Affairs. One of these was a survey mailed to all known rest and retirement homes in the province by the Ontario Social Development Council on behalf of the Office for Senior Citizens' Affairs. The survey sought information on such factors as the number of residents the home could accommodate and the number of current residents and a description of residents with respect to their age and sex, the number of disabled residents and the nature of their disabilities; and the number of residents whose fees are subsidized through municipal social services. As well, the survey sought information on the nature of the facility, such as the types of spaces contained in the facility; the types of services provided to residents; daily charges; staffing levels; the

types of records kept; and how medications are administered. A copy of the questionnaire is contained in Appendix A. A copy of the survey results is contained in Appendix B. Some of the results of this survey have already been referred to in this report, and additional results will be noted as appropriate.

In addition to the quantitative data sought from the survey of rest and retirement homes, the Office for Senior Citizens Affairs sought qualitative data on the need for regulation by inviting interested parties to submit "comments and advice" on "any issues related to the regulation of standards of care in rest homes... in particular... the most appropriate definition of rest homes, the types of care that should be provided in rest homes, the most effective means of regulating and ensuring compliance, potential implications of regulations, as well as any other issue you feel should be considered."

The Committee reviewed the list of groups to whom the invitation to comment was sent and suggested some additional groups to add to the list in order to ensure a more complete representation geographically and with respect to the types of agencies approached. In all, the Office for Senior Citizens Affairs sent invitations to comment to over 100 agencies, of whom 78 responded. A list of those submitting briefs may be found in Appendix C. The Committee reviewed the originals of all briefs received. As well, the contents of the various submissions were analyzed by the Office for Senior Citizens Affairs, and the results of that analysis were also reviewed by the Committee.

In order to develop an appreciation of how other jurisdictions dealt with the need to regulate standards of care in rest homes, it looked at the experience in the other Canadian provinces. The following material was assembled for each province: the definition

of the facility, the target group for the facility, the role of the facility in the continuum of care, the aspects of care being regulated, the regulatory model, and the financial arrangements.

The Committee also reviewed the approach to regulation used in the State of Florida to regulate adult community living facilities, and portions of the 1987 Annual Report of the State of Florida Long Term Care Ombudsman Council; A Model Act Regulating Board and Care Homes: Guidelines for States[11]; and Report of the Task Force Reviewing the Second-Level Lodging House By-Law for the City of Hamilton[12]. As well, the Committee received copies of a report on municipal views and concerns with respect to regulating standards of care in rest and retirement homes[13].

In October 1988 the Committee toured seven rest and retirement homes in the greater Metro Toronto area. The homes varied with respect to size, cost, types of residents and amount and types of services provided. It is felt the homes visited represented a good cross section of such facilities, and helped the Committee gain a deeper appreciation of the range of facilities available.

At various points during its tenure the Committee also engaged in detailed and systematic discussions of the types of facilities which should be regulated; the aspects of care which should be

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11. A Report Prepared for the U.S. Department of Health and Human Services by the American Bar Association Commission on Legal Problems of the Elderly and the Commission on the Mentally Disabled.

12. September, 1988, Alderman David Christopherson, Chairperson. Throughout the remainder of this document this is referred to simply as The Hamilton By-Law.

13. The Regulation of Standards of Care in Rest Homes and Retirement Homes: A Study of Municipal Views and Concerns, September 1987, Anne Johnston Associates

regulated; the methods available for ensuring quality of care in rest homes; and similar issues. The Committee also developed a consensus on the basic principles which would guide its approach to regulation and specific recommendations.

The activities of the Committee were designed to provide the Committee with the information it required to enable it to produce an informed set of recommendations which take advantage of the experience of other jurisdictions dealing with the same set of problems, while still being able to respond to local conditions and perceived needs.

III -- STATEMENT OF PRINCIPLES

The members of the Advisory Committee on rest Homes shared certain basic principles which influenced their discussion and decision-making. Because these principles played a key role in helping the Committee decide on the appropriate recommendations, it was considered desirable that they be set forth in this report.

1. **Equality of Access** -- Equality of access is a basic principle of the Ontario system for health and social service delivery. Just as all Ontarians have access to and use the same health care system, the Committee believes that all Ontarians should have the right to an adequate system of care in rest homes.

   The principle of equality of access is not meant to imply that the quality or amount of care and services should be uniform throughout the system. We would expect different types and amounts of care to be provided depending on what the individual resident is paying. Market forces would prevail in this area as they do in others. Nevertheless, the Committee considers that all residents should receive certain basic services. In order to ensure that all residents receive good quality basic services, while allowing residents to receive higher quality care and service if they can afford it, the Committee recommends the establishment of minimum standards for basic care and services to rest home residents.

2. **The Rest Home as the Resident's Own Home** -- The Committee accepts in principle the concept of the rest home as the residents' own home. This principle implies that the rest home operator must respect the dignity and privacy of residents; must seek permission to enter residents' rooms or suites; must allow residents to come and go as they please; must allow residents to bring their own furnishings to the facility provided they pass safety and fire standards; and must allow residents to maintain ties with the community.

While the Committee endorses this concept from a philosophical perspective, it does not endorse it from the legal point of view. Because rest home operators provide services to residents, and because rest home residents do not have the same freedom of choice regarding the amount of care they will receive as they would have if they were living in their own home[14], the Committee does not believe the rest home should be viewed as the residents' own home when legal matters are under consideration. Hence, residents may be subject to constraints on how long they may live in the setting; for example, they may not remain there after their needs exceed the amount of care the facility is able to provide.

3. **Resident Independence and Protection** -- The Committee recognized the need to achieve a balance between protecting vulnerable residents and allowing residents to retain control over their own lives. This need for balance is an added factor in the Committee's decision to develop and enforce basic standards for care and service in rest homes.

People with few choices of homes, such as low income residents and residents living in areas where there are few facilities, are among the group who require protection. Market forces may not be effective in ensuring that the facilities these people live in meet basic standards for physical facilities and care. Other residents may be vulnerable because of a lack of competency or because of frailty. These individuals are also

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[14]. Extended care (i.e., a minumum of 1.5 hours a day of skilled nursing and personal care given by or under the supervision of an RN or RNA under the direction of a physician) can only be provided in licensed nursing homes. In addition, the operator may offer less than 1.5 hours of nursing and personal care as part of the service package.

in need of protection and are entitled to receive it. Residents whose financial resources become depleted over time or who become physically or mentally frail following their move to the setting may come to require protection after they have lived in a facility for a while.

Many elderly rest home residents view themselves as able to look after themselves with assistance and believe they are capable of making decisions and maintaining control over their lives. While these residents are likely to require some assistance and support (usually the motivating factor in their decision to move to a rest home) the research literature is also clear that allowing them to maintain control over their own lives contributes to their well being, their ability to function, and their quality of life.[15]

4. **Protection of Facility Operators** -- Although most concerns about rest homes reflect the residents' perspectives, the Committee recognizes that rest home operators may also require protection from inappropriate behaviour on the part of residents and their families. (Examples would include residents who were unwilling to move even though they required more care than the facility was able to provide, or residents whose behaviour disturbs or offends other residents.) The

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[15]. Research has consistently indicated that elderly people benefit from the opportunity to exert control over their own lives. As examples, see Banziger, G. and Roush, S. Nursing Homes for the Birds: A Control-Relevant Intervention with Bird Feeders, The Gerontologist, 1983, No. 5, pp. 527 - 531; Langer, E. J. and Rodin, J., The Effects of Choice and Enchanced Personal Responsibility for the Aged: A Field Experiment in an Institutionalized Setting, Journal of Personality and Social Psychology, 1976, No.2, pp. 191-198.

need to protect facility operators has also been taken into consideration in developing the recommendations in this report.

5. **Desire to Ensure a Viable Industry** -- Because rest homes play an important role in the continuum of care and services, the Committee wishes to ensure that the industry remains viable.

   The Committee is concerned that excessively strict regulations, or regulations that will be unduly costly to operators, could result in the closure of existing facilities and discourage the development of future facilities; this is of special concern with respect to those facilities which serve the lower end of the income scale. This too has influenced the Committee's approach to developing basic standards for rest homes.

6. **Costs** -- The Committee recognizes that different approaches to regulating standards of care will have different cost implications for the province. Some discussion of relative costs is included in the discussion of the advantages and disadvantages of the regulatory options. However, due to lack of information on costs related to specific options it has not been possible for the committee to incorporate this as a major factor into the decision-making process.

IV -- REGULATORY OPTIONS

A number of different approaches are available to the provincial government in order to ensure adequate standards in rest homes. In this chapter, each of these options will be outlined and discussed briefly.

1. **Do Nothing** -- "A New Agenda" states the government's commitment to addressing the issue of standards of care in rest homes and to taking the steps necessary to ensure the appropriate legislation for rest homes. Nevertheless, the work of the Advisory Committee on Rest Homes could have led to the conclusion that there was no need for new legislation or provincial guidelines, or that other methods of regulation which did not involve the province should be used to develop controls.

   This option would initially be the least expensive in terms of financial costs, and would also be the least time consuming. However, because rest homes are private pay and market driven, if it broke down in the absence of good regulations, residents would have to utilize costly government funded programs such as Home Care, Homes for the Aged, and nursing homes. Failure to regulate could ultimately result in a high financial cost to the province as a result of the displacement of rest home residents into more costly government programs.

   Failure to regulate would involve a high social cost in terms of its potential effects on the quality of life of rest home residents. As well, it violates two of the Committee's five basic principles. It does not respond to the principle of residents' protection, and violates the principle of equality of access. As well, most of the briefs received by the Office of Senior Citizens Affairs supported the province enacting some form of controls on the rest home industry.

2. **Industry Self-Regulation** -- Under this option, the rest home industry would be responsible for its own regulation. This could be in the form of an accreditation process, a star system, industry licensing, or similar options. There are several precedents for self-regulation under provincial auspices; the College of Medicine, the College of Nurses, the College of Pharmacists, and the Ontario Board of Examiners in Psychology are a few examples of industry self-regulation. Voluntary self-regulation by the industry would not cost the government anything. However, this approach fails to take into account the fact that since the Canadian Council on Health Facilities Accreditation will not accredit rest homes, a separate accreditation system would be required; that only about 30% of the beds in rest homes are represented by the Ontario Long Term Residential Care Association; and that there are no meaningful sanctions in a voluntary system. A mandatory system of industry self-regulation would provide some force to the standards and the self-regulatory process.

3. **Individual Contracts** -- Under this option, there would be individual contracts between residents and operators, setting out the responsibilities of each. The contract could cover such items as services and facilities to be provided, fee schedules, the rights and obligations of each party to the contract, and other similar matters.

   This approach is easy to administer, though vague contracts would provide little protection. Redress of a breach of contract is through the courts, which can be a lengthy and expensive solution. As well, the resident would bear the burden of initiating the complaint or legal action, which is difficult when the resident depends on the facility for care.

4. **Contracts for Domiciliary Hostels** -- Those municipalities which purchase rest home beds under the Domiciliary Hostel provision of the General Welfare Assistance Act could enter into contracts with the operator of the rest home to regulate services and standards of care. This approach is already being used in some municipalities.

   This approach is responsive to local conditions. However, it would only apply to homes with Domiciliary Hostel beds, which currently represent about 45 per cent of the homes, and the majority of municipalities are not using the General Welfare Assistance Act program. Although this regulatory approach would not result in any additional direct costs for the province, it would require municipal enforcement and municipalities might look to the province to share the costs of enforcement. The approach would result in a diversity of standards.

5. **Amend Existing Legislation** -- This option would involve revising existing legislation, either by extending the act's jurisdiction, as written, to rest homes or by adding sections relevant to rest homes.

   There are already a number of pieces of provincial legislation which are relevant to the operation of rest homes.

   1. Health Protection and Promotion Act -- Under this act, every medical officer of health has a duty to inspect or cause the inspection of premises used or intended for use as a boarding house or lodging house to prevent or eliminate health hazards. As well, the medical officer of health or a health inspector may order premises to be cleaned or require that they be vacated where a health

hazard exists. The act is mandatory for Boards of Health, which are required by the legislation to exercise these controls.

2. Planning Act -- This act permits but does not require municipalities to pass zoning by-laws governing permitted uses of premises in specific locations.

3. Ontario Building Code -- The Ontario Building Code imposes requirements with respect to physical structure based on the intended use of a building, and applies to renovations as well as to new structures. The code is mandatory throughout the province, but is enforced by local municipalities.

4. Municipal Act -- In S. 209 (61) of the Municipal Act municipalities are permitted to license and regulate lodging houses, including rest homes. This has generally been interpreted as permitting controls on physical structures and sanitary conditions, but not on the provision of care. Approximately 30 municipalities have taken advantage of this provision to regulate aspects of lodging houses.

5. Fire Marshall's Act -- This act authorizes fire safety inspections to be performed by local fire departments, and authorizes the issuance of orders requiring reports, alterations, installations of safeguards such as fire alarms, fire escapes, etc. The act is discretionary, giving power to municipalities; however, if the municipality does not carry out enforcement under this act, the province will do so in its place.

The Consumer Protection Act is an example of legislation which might be amended to address issues relating to standards of care in rest homes.

Amending existing legislation is less costly and time consuming than preparing new legislation, and might be a suitable interim remedy. However, it is often difficult to integrate new sections into the legislation.

6. **Enabling Legislation for Municipalities** -- Under this option, the province would enact legislation which would permit, but not require, municipalities to pass by-laws regulating standards of care in rest homes and to enforce such regulations. (An example would be the province amending existing legislation, specifically the Municipal Act, to permit municipalities to regulate standards of care in rest homes.) As well, the province could draft model legislation for each municipality to adopt as its own, if it wished. The Planning Act is an example of enabling legislation.

This option might not involve costs to the provincial government for enforcement, and would enable municipalities to introduce municipal regulations which are responsive to local conditions. However, municipalities would not be required to introduce such regulations, and there would be a lack of consistent province-wide standards. As well, this approach could be costly for the province if municipalities were to pressure the province for funding for enforcement or as an incentive to municipal action. In fact, municipalities might resist this approach because it could be costly to them to implement and enforce such regulations.

7. **Mandatory Legislation for Municipalities** -- With this option the province would enact legislation requiring municipalities to pass by-laws regulating rest homes and to enforce those regulations themselves. As in the case of enabling legislation for municipalities, the province could draft model by-laws for each municipality to use if it wished. The provincial legislation could specify what topics the local by-laws must address, and could also require that the local by-laws be approved by the province, as in the case of the Planning Act, which require Official Plans to be approved by the province.

   This option would ensure that all municipalities would introduce regulations, but does not ensure the level of standards set.

   Because the costs of enforcement would be borne by the municipalities, this raises the question of how the municipalities would pay for enforcement, and whether they would expect the province to transfer funds to assist with this.

8. **Provincial Regulation and Municipal Enforcement** -- Under this option the province would enact legislation to regulate rest homes, but enforcement of the regulations would rest with the local municipality. The Ontario Building Code and the Health Protection and Promotion Act are examples of this approach to regulations.

   This approach ensures uniform standards throughout the province. The cost implications are unclear: the municipalities would bear the cost of enforcing the regulations, but might expect the province to provide them with appropriate financial assistance.

9. **Provincial Regulation and Enforcement** -- The province could enact legislation to regulate rest homes and be responsible for its enforcement. The Nursing Homes Act, the Homes for the Aged and Rest Homes Act, and the Charitable Institutions Act are all models of this approach to regulation.

   The resulting legislation would be specific to rest homes, would be comprehensive, and uniform throughout the province. However, this could be a costly approach for the province if it decided to provide per diem funding to rest home operators; in any case, there would be costs to the province for the enforcement function. As well, the development of new legislation can be time consuming, although perhaps less cumbersome than amending existing legislation. This approach might be viewed as over-regulation and interference by the provincial government, and would probably be the least popular approach with facility operators.

10. **Combination of Above Approaches** -- Another option is to utilize a combination of the above approaches, so that physical standards are regulated under one system and care standards under another. This approach would reflect the fact that local regulation of physical standards is already provided for under the Municipal Act, but that there is no mechanism for the province or the municipalities to regulate standards of care. This approach would require operators to deal with two different agencies, and would not necessarily reflect the interrelationships between physical facilities and the activities that occur within them.

V -- RECOMMENDATIONS

This chapter contains the specific recommendations of the Advisory Committee on Rest Homes with respect to the regulation of care in rest homes in Ontario. It addresses both the preferred approach to regulating care, and 12 specific topic areas in which regulation is required. Within each topic area, an introductory discussion briefly describes the nature of the problem, followed by a statement of the goals and objectives for that topic area. A more detailed statement of the regulations which the Committee recommends follows. Where topic areas are interrelated and a recommendation affects more than one area, cross-referencing to related areas is provided.

The overall goal for the regulation of care in rest homes is

> **TO ENSURE THE HEALTH, SAFETY AND WELL-BEING OF RESIDENTS IN REST HOMES.**

The topics on which recommendation are made, the goals and objectives for each topic, and the specific recommendations have all been developed with the intent of furthering this overall goal.

Goals and objectives have also been developed for each individual topic area as a means of guiding the Committee in the development of specific recommendations.

1. Approach to Regulation

After careful review of the available regulatory options and of the advantages and disadvantages of each, the Committee recommends that:

1.1 IN THE LONG TERM, THE REGULATION OF CARE IN REST HOMES SHOULD BE CONSIDERED AS PART OF A COMPREHENSIVE RATIONALIZATION OF THE EXTENDED AND RESIDENTIAL CARE SYSTEMS IN ONTARIO.

1.2 THIS RATIONALIZATION SHOULD RESULT IN NEW LEGISLATION FOR EXTENDED CARE AND SPECIFIC LEGISLATION FOR RESIDENTIAL CARE, WHETHER IT IS PROVIDED IN REST HOMES OR IN HOMES FOR THE AGED.

1.3 THE LEGISLATION FOR RESIDENTIAL CARE SHOULD PROVIDE FOR ENFORCEMENT OF THE LEGISLATION TO REST WITH THE MUNICIPAL LEVEL OF GOVERNMENT.

1.4 IN THE SHORT TERM, THE PROVINCE SHOULD ENACT LEGISLATION ALLOWING MUNICIPALITIES TO REGULATE STANDARDS OF CARE IN REST HOMES IN THEIR JURISDICTION.

1.5 THE PROVINCE SHOULD DRAFT A MODEL BY-LAW WHICH MUNICIPALITIES CAN USE TO REGULATE STANDARDS OF CARE IN REST HOMES.

Rest homes represent one element in the continuum of care and services, a continuum which ranges from independent living with service delivery at one end to long term care in a purpose-designed setting at the other. Because the elements within the continuum are inter-related, and because changes in one part of the continuum affect other parts, an integrated view of the continuum is desirable. It is for this reason that the Committee recommends that in the long term the regulation of care in rest homes be viewed as part of a comprehensive rationalization of the extended and residential care systems in Ontario.

The recommendation for new legislation for residential care reflects the Committee's strong belief that legislation to regulate standards of care in rest homes is needed. Because residential care is provided in both rest homes and in Homes for the Aged, and because changes in either of these settings affect the other, the

Committee recommends that all residential care be subject to the same legislation. The desirability of a comprehensive rationalization of the extended care system reflects and supports the government's position as set out in "A New Agenda: Health and Social Service Strategies for Ontario's Seniors".[16]

The recommendation for provincial legislation governing residential and extended care is consistent with the province's historic approach to the regulation of care; it is provincial legislation which currently governs nursing homes and Homes for the Aged. The recommendation for municipal enforcement is also consistent with the current approach, since several municipalities are already regulating standards of care in rest homes within their jurisdiction.

Because the residential and extended care systems are complex, it may be some time before the recommended pieces of legislation could be passed. However, the need to regulate standards of care in rest homes is immediate. As a stop-gap measure to meet this immediate need, the Committee has recommended that the province enact legislation which allows municipalities to regulate standards of care in rest homes in their jurisdiction.

The Committee also recommends that the Minister take appropriate steps to encourage municipalities to regulate standards of care in rest homes. This could be in the form of financial incentives to municipalities for preparing a by-law or for enforcing the by-law. The Minister might also provide financial assistance to rest homes which need to undertake capital improvements to meet the standards of the by-laws. As well, the Minister should provide advice,

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16. "A New Agenda: Health and Social Service Strategies for Ontario's Seniors", Hon. Ron Van Horne, Minister for Senior Citizens' Affairs, June 1986, p. 17

support and consultation to municipalities as they take steps to develop and enforce a by-law, perhaps in the form of a provincial Co-ordinator of Rest Homes.

2. Services, Rates, Admission and Discharge

2.1 MATTERS RELATING TO SERVICES, RATES, ADMISSION AND DISCHARGE SHOULD BE HANDLED THROUGH AN INDIVIDUAL CONTRACT BETWEEN THE RESIDENT AND THE REST HOME.

All rest homes should enter into a contract with each resident. In the case of residents whose fees are subsidized by the municipality under the Domiciliary Hostel provision of the General Welfare Assistance Act, the contract should be between the resident and the rest home, though there should also be a separate contract between the municipality and the rest home.

All contracts must be written in simple language. All contracts should also contain provisions for informing or advising a resident's next of kin about the contents of the contract in order to help protect vulnerable residents from making unwise decisions.

There are three issues which should be dealt with through such a contract:

1. the services the facility provides the resident
2. rates for accommodation and services
3. admission and discharge requirements.

The contractual aspects of each of these matters are discussed in more detail below. These reflect the Committee's commitment to stating only basic standards; hence, the contract might contain more information than is outlined here.

2.1 Services

GOAL: To ensure residents receive the services they are paying for.

OBJECTIVES: To ensure residents understand the type and amount of services being provided

To ensure residents understand the limits of services

To ensure residents obtain the type and amount of services they contract for

To protect residents against decreases in the type and amount of services contracted for

In order to meet these goals and objectives, the contract must state what services are included as part of the basic service package, and must also clearly indicate what additional services the facility is prepared to provide for additional fees. The contract should also indicate that the prices for additional services will be posted in the facility, and should indicate where those prices will be posted. The rest home must agree to inform residents a minimum of sixty days in advance of changes in rates of services.

The contract must clearly indicate whether the facility will provide assistance with Activities of Daily Living, and if it will, whether this is included as part of the basic service or on a fee for service basis. The contract must also indicate the types of Activities of Daily Living for which assistance is available -- e.g., bathing, dressing, toileting, hair care, dental hygiene, etc.

If meals are provided as part of the service package, and the facility is able to meet the need for special diets, the contract must state this, and must state the types of special diets which can be accommodated (e.g., diabetic, salt-free, low cholesterol, etc.)

The contract should also make clear those self-care activities for which the resident is responsible, in order to ensure that residents fully understand their own responsibilities. These could be such activities as daily bed-making and tidying, personal laundry, or making arrangements for additional care beyond what the facility is able to provide. Resident responsibilities could be explicitly stated (e.g., The resident is responsible for his or her personal laundry.) or this could be communicated by default, by stating the services the facility will provide and that the resident is responsible for all other services.

2.2 Rates

GOAL: To protect residents from unexpected changes in rates

OBJECTIVES: To ensure residents have sufficient notice of rate increases to enable them to make alternate arrangements if necessary

To ensure residents are aware of the rates they are paying

To prevent misrepresentation of basic rates, especially in new homes

In order to ensure residents have sufficient notice of rate increases, and that they are aware of the rates they are paying, rates for accommodation and basic services must be clearly indicated in the contract. The contract must also state the rates for services provided on a fee for service basis, and must state that those rates are to be posted in the setting, and indicate where in the setting they will be posted. Because there may be several different rates for the basic service package (depending on the size, location and layout of the resident's unit), these rates do not need to be posted in the facility.

The contract must also state that residents will be individually informed in writing of all rate changes and that such notice must be given a minimum of 60 days prior to the change.

The contract must explicitly state the base rate for the basic service package (including accommodation) and must also clearly indicate whether the fees have been discounted in any way, including, but not limited to, initial charges which are below market rate.

The Committee recommends that rest homes not come under the jurisdiction of the Landlord and Tenant Act or the Residential Rent Regulation Act. The provision of care and services by the operator makes this facility different from other types of rental accommodation. As well, the Committee has indicated, in its Statement of Principles, that it does not believe a rest home should be considered like a resident's own home from a legal perspective.

2.3 Admission and Discharge

GOAL: **To ensure residents are housed in an appropriate facility**

OBJECTIVES: **To provide the setting with tools to discharge inappropriate residents**

To ensure the setting receives adequate notice of residents' intention to leave

To ensure residents receive adequate notice of the need to leave the facility

To ensure there is a safe other location for the resident

To ensure the transition for residents is as humane as possible

To ensure residents are not required to leave the setting prematurely

One of the most difficult aspects of providing accommodation for the elderly, regardless of where they live, has to do with what to do when a resident requires more care than the facility is able to provide. Rest home residents often come to see the rest home as their own home, and are reluctant to move out when it becomes necessary. In this case, one must consider not only what is best for the elderly person, but also the perspective of the operator, since rest homes are restricted in the type and amount of care they may provide. In developing the recommendations in this section the Committee sought to achieve a balance between the needs and preferences of the elderly person and those of the operator, and also attempted to make the transition from the rest home to another facility as smooth as possible for the resident.

Preparing for this eventuality should begin with the admission of the resident; each resident must provide a certificate or letter from a licensed physician confirming the resident is able to function at the level of care provided by the facility. If the operator wishes, he or she may specify that the examination of the resident and the completion of the certificate shall be performed by the facility's physician, rather than the resident's. (During this pre-admission examination, the physician will also attend to the resident's need for a special diet and the resident's ability to administer his or her own medication. This is discussed in more detail in the sections relating to nutrition and medication.)

The contract must clearly state the grounds for asking or requiring a resident to leave the facility. These would include failure to abide by the rules of the facility (including late payment or non-payment of fees or damage to the property) and inappropriate placement. The latter would include a resident who requires more care or assistance than the facility can provide, and people who engage in anti-social behaviour or become a danger to themselves or others.

The contract must state the number of days notice the facility must give the resident and the number of days notice the resident must give the facility if he or she is intending to leave; the Committee recommends the operator give the resident a minimum of 60 days notice in order to ensure the resident has sufficient time to make alternate arrangements. This may be reduced to 30 days in cases where the resident is being asked to leave for non-payment of service charges, or because the resident is a risk to himself or others.

3. Property Standards

3.1 ALL HOMES MUST MEET THE REQUIREMENTS OF THE ONTARIO BUILDING CODE, THE FIRE CODE, MUNICIPAL STANDARDS FOR THE ZONED LAND USE, AND PROPERTY STANDARDS FOR REST HOMES.

The Committee wishes to ensure that rest home residents live in a clean and safe building which is supportive of their activities and provides them with dignity and personal space. The Committee recognizes that instituting physical standards for rest homes could pose problems for some existing facilities which may not meet all the standards recommended here. Nevertheless, the Committee felt it was important to establish a minimum set of standards, and therefore recommends that the Minister consider ways to deal with existing facilities which do not meet these standards.

GOAL: **To ensure the building meets legislated standards while incorporating environmental adaptations the residents require**

OBJECTIVES: **To ensure the building meets legislated health and safety standards**

To develop a building which will promote independence and allow residents to function at the maximum level of their ability

To develop a humane, responsive and supportive environment

In order to provide appropriate accommodation to rest home residents, the Committee recommends that all rest homes meet the standards set forth in the Ontario Building Code, the Fire Code,

and municipal standards relating to the land use under which rest homes are zoned within the municipality. (At present, the zoning for rest homes varies with the municipality. The Committee has taken no position on what the most appropriate zoning should be.)

The Committee also recommends that there be minimum physical standards relating specifically to rest homes.

The Committee does not, in the main, wish to recommend specific standards, but does recommend that standards be developed with respect to the following areas:

* bathrooms
  - the number of toilets, showers and tubs in relation to the number of residents
  - location of toilets, showers and tubs
* resident bedrooms
  - square footage per resident
  - number of residents per room
  - the number and size of windows
  - ceiling height
* communal spaces
  - size and location of the dining room
  - size and location of activity spaces[17]

Examples of property standards may be found in the contract used by the Regional Municipality of Ottawa-Carleton and in The Hamilton Second Level Lodging Home By-law.

There are, in addition, some specific standards the Committee recommends:

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[17]. See also Section 10 on Activity Programming for additional relevant material on this.

1. Resident rooms must be large enough to accommodate a bed, chair, closet, dresser and night table for each resident.
2. Every resident should have access to a locked room or central locked storage space or a locker or a locked drawer.
3. All newly built facilities must be designed to provide basic access for wheelchair users.
4. All new facilities with three or more stories used by residents should have an elevator.
5. All newly built or substantially renovated facilities must have a system which enables residents to summon help from the bathroom and the bedroom in the event of an emergency.

The standards which are developed should reflect the nature of rest home residents, and should reflect the age distribution of residents. While about one-third of all rest home residents are currently 85 or older, it is likely that this proportion of frail and potentially frail residents will increase in the future. Standards must therefore include both conventional safety requirements and those which are especially relevant to the elderly.

The Committee reiterates its position that the standards should not be so rigorous as to prevent the development of small facilities, nor should they result in the closure of good existing facilities. Possible ways to deal with the latter problem include "grandfathering" existing facilities with a 15 year expiry date; requiring existing facilities to meet these standards when and if they undertake other physical improvements; or providing a one time capital grant to help existing facilities meet these standards.

4. Medication

4.1 RESIDENTS SHOULD ADMINISTER THEIR OWN MEDICATIONS IF THEY ARE CAPABLE OF DOING SO. IF THEY ARE NOT CAPABLE OF ADMINISTERING THEIR OWN MEDICATION OR CHOOSE NOT TO DO SO, QUALIFIED STAFF SHOULD ADMINISTER IT TO THEM.

The nature of the rest home population suggests that a very high proportion of them will be taking some form of prescribed medication on a regular basis. Although the Committee recognizes that a rest home is not a health care facility, it nevertheless feels that the high proportion of residents on regular medication makes it mandatory that the administration of medication be included in the standards of care.

GOAL: **To ensure residents receive prescribed medications in an appropriate manner**

OBJECTIVES: **To ensure medication is administered by a responsible individual**

To ensure medication is stored safely

Residents who are capable of doing so should be permitted and encouraged to administer their own medication. If they are not capable of doing so or if they choose not to, the medication should be administered by qualified staff. This position is consistent with the intent of most of the briefs received by the Office for Senior Citizens Affairs, and reflects the fact that 92.9% of facilities responding to a survey question on services reported supervising residents' medication.

The licensed physician who performs the pre-admission examination shall decide whether or not the resident is capable of

administering his or her own medication, and shall indicate this in writing. (See Section 2.3 for a further discussion of the pre-admission examination.) The facility operator is responsible for ensuring that a review of the residents' ability to self-administer medication shall be carried out from time to time, as necessary. As well, a resident or the facility's physician may decide, in conjunction with the operator, to transfer the responsibility for administering medication from the resident to a staff person at any time during the resident's tenure.

If a resident is unable to administer his or her own medication, the administrator is responsible for ensuring that a qualified person administers the medication to the resident. The individual administering the medications must be a responsible person of sound mind who is able to read and who is aware of the significance of what he or she is doing. As well, the individual must be able to understand instructions, and must have received basic training in administering medications from the Public Health Nurse or have equivalent training or qualifications.

Residents who self-administer their medications may keep their medication in their own room. Medications which are administered by staff are to be kept in a locked cupboard.

There must be written procedures for administering and applying medications, and these must be established to the satisfaction of the Medical Officer of Health or the facility's own physician.

5. Nutritional Standards

5.1 REST HOMES MUST PROVIDE MEALS AND SNACKS IN ACCORDANCE WITH THE STANDARDS SET FORTH IN THE CANADA FOOD GUIDE.

Good nutrition plays an important role in an individual's well-being. Well balanced meals and snacks contribute to one's physical and mental health. All rest homes responding to a question on services provided indicated that they provided at least one meal a day; over 90% indicated that they provided three meals a day.

Because the Committee recognizes the importance of nutrition in resident well-being, and because it is reasonable to expect that a significant number of rest home residents may also require special diets, the Committee recommends that nutritional standards be included as part of the standards of care to be regulated.

GOAL: **To ensure that all residents, including those with special dietary needs, receive nutritious and well balanced meals and snacks**

The Committee recommends that the Canada Food Guide be used as the basic standard for planning snacks and meals for residents.[18]

In order to ensure that the facility is capable of meeting the needs of residents who require special diets, the contract should specifically state what special diets the facility is prepared to accommodate. (See Section 2.1 on Services for other discussion of this.) The physician performing the pre-admission examination should indicate the need for a special diet on the examination report.

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18. The committee understands that the Canada Food Guide is currently undergoing review, particularly with respect to its suitability for older adults. When the revised version is available, or a version specifically for older adults, this should be used in facilities where the majority of residents are elderly.

The administrator is responsible for ensuring that special diets are planned in consultation with an appropriate professional. This might be a registered dietitian, a Public Health Nurse or a nutritionist from the health unit.

6. Rights and Responsibilities of Residents, Families and Volunteers

6.1 REST HOMES WITH 10 OR MORE RESIDENTS MUST HAVE A RESIDENTS COUNCIL WHICH MEETS ON A REGULAR BASIS. REST HOMES WITH FEWER THAN 10 RESIDENTS MUST ESTABLISH A MECHANISM FOR REGULAR MEETINGS BETWEEN RESIDENTS AND THE OPERATOR.

6.2 THE PROVINCE SHOULD APPOINT AN OMBUDSMAN RESPONSIBLE FOR REST HOMES WITHIN THE OFFICE OF THE PROVINCIAL OMBUDSMAN.

While many of the issues relating to specific aspects of the rights and responsibilities of residents are set out in the contract between the rest home and the resident, there are additional aspects of this relationship which the Committee believes should be addressed in the standards of care. Some issues relating to families and volunteers also need to be addressed in the regulations.

GOAL: **To ensure mutual respect of the rights of residents, families and volunteers and facility staff and operators**

OBJECTIVES: **To ensure that residents and families meet their responsibilities to the facility**

To ensure that residents are free to comment on all aspects of the rest home without jeopardizing their status as residents

To provide a forum for residents to make their feelings and wishes known with respect to the operation of the facility

To provide a mechanism for resolving disputes between residents and operators

To ensure that families and volunteers have access to the facility within reasonable limits

The recommended mechanism for dealing with some of the basic rights and responsibilities of residents and of rest homes are set out in Section 2 of this report. This section deals with additional related issues which are to be handled differently.

The Committee recommends that a rest home with 10 or more residents be required to have a Residents Council which meets on a regular basis, and that facilities with fewer than 10 residents establish a mechanism for regular meetings between the operator and the residents.

The rest home, in conjunction with the residents, is to establish reasonable visiting hours and to post them in a public place. During visiting hours, the rest home must permit visits by family members, volunteers and members of community agencies.

The rest home is to encourage the use and participation of volunteers, service clubs, and community groups to assist in providing recreation, leisure and social opportunities to residents of the home.

The Committee felt it was important to establish a mechanism for settling disputes between operators and residents, and therefore recommends that the province appoint an ombudsman responsible for rest homes. This ombudsman should be located in the office of the provincial ombudsman, but should be responsible solely for issues relating to rest homes.

7. Staffing

7.1 AT LEAST ONE STAFF PERSON MUST BE ON DUTY 24 HOURS A DAY.

All rest homes, by definition, provide some residential care, and proper staffing is needed to ensure this care is given in an appropriate manner. Staff need to be properly qualified to provide the kind of care required, and there must be sufficient staff to ensure residents receive the amount of care they need. Proper staffing will make a significant contribution to the quality of life and quality of care of rest home residents.

GOAL: **To ensure staffing is appropriate to meet residents' needs**

OBJECTIVES: **To ensure there are adequate numbers of staff to provide required service**

To ensure staff have appropriate qualifications for the work they are doing

To ensure staff are properly trained with respect to the services they are providing

The Committee agreed that at least one staff person must be on duty 24 hours a day, a recommendation that is consistent with existing practices.[19] The Committee added the proviso that in facilities with 10 or fewer residents, the night staff person does not need to remain awake, as long as he or she sleeps in a place that is easily accessible to residents. The Committee also points out that the Minister may wish to consider stipulating a maximum number of hours of work that is different from those set forth in the Employment Standards Act. (As an example, see the contract between facility operators and the Regional Municipality of Ottawa-Carleton.)

With respect to staffing levels and qualifications, the Committee recommends that staff must be adquate in number and in qualifications to meet the facility's contractual obligations to the resident. The local Medical Officer of Health should be given the authority to insure staff ratios and qualifications are adequate. Any disputes between the facility and the Medical Officer of Health are to be referred to the ombudsman for resolution.

8. Health Care

8.1 A STAFF PERSON QUALIFIED TO PROVIDE EMERGENCY HEALTH CARE MUST BE AVAILABLE ON THE PREMISES AT ALL TIMES.

Although rest homes are not health care facilities, the nature of the residents means that a number of them do require some form of health care. In response to a survey question on the types of services provided by homes, 36.6% indicated they provided nursing

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[19]. Virtually all homes responding to a survey question about services provided reported there was a staff person on duty 24 hours a day.

care.[20] Many briefs received by the Office for Senior Citizens Affairs also indicated that standards for health care in rest homes should be established.

GOAL: **To ensure residents receive proper health care from a capable and responsible individual**

OBJECTIVES: **To ensure health care is provided by a properly qualified individual**

To ensure there is a staff person available to provide emergency health care at all times

To ensure residents have access to community health care programs and personnel

There must be a qualified staff person on the premises at all times to provide emergency health care. The Committee recommends that in order to be considered a qualified person, an individual must be trained in CPR, and must also meet one of the following criteria: (1) be an RN; or (2) be an RNA; or (3) be a health care aide; or (4) have a certificate in first aid from St. John's Ambulance.

The use of oxygen is permitted, but there must be written procedures on how to administer it and store it, in order to ensure the health and safety of residents. Residents with in-dwelling catheters, colostomies or tracheostomies are also permitted. However, there must be written procedures on how to care for these residents, and the written procedures must be developed in conjunction with the resident's or the facility's physician.

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[20]. This is in addition to assistance with bathing, dressing, feeding, incontinence care, and medication supervision.

Although some rest home residents may require assistance from health care providers such as occupational therapists, physiotherapists and speech therapists, the Committee does not recommend that facility operators be required to provide these services. Rather, the Committee believes that residents should be able to receive these services from community sources, including Home Care, as is the case with all other members of the community.

The delivery of health care services by community agencies can only be effective if the service providers are granted access to the facility, and if the instruction they leave for follow-up care of residents is followed. Therefore, the Committee also recommends that rest home operators be obliged to admit providers of community health care programs, such as a nurse, doctor, occupational therapist, physiotherapist, speech therapist, to their facilities. As well, the operator is responsible for ensuring that any follow up instructions for resident care are implemented as written. While the responsibility to make initial contact with the community agency lies with the resident or the resident's physician, rather than the operator, it is incumbent on the operator to be informed about community services which may benefit the residents.

9. Environmental and Personal Hygiene Standards

9.1 ALL REST HOMES MUST MEET RELEVANT PUBLIC HEALTH STANDARDS TO THE SATISFACTION OF THE MEDICAL OFFICER OF HEALTH FOR THE MUNICIPALITY IN WHICH THE REST HOME IS LOCATED.

Just as the rest home must meet property standards to ensure the safety of its residents, so too must the rest home meet public health standards to ensure the health of its residents. These standards differ from the property standards in that they address

issues relating to the operation of the rest home, to ensure it is a clean and sanitary environment where residents are not at risk for illness.

GOAL: **To ensure residents live in a clean and sanitary environment**

OBJECTIVES: **To ensure the building meets conventional public health standards, municipal by-laws and the property standards by-laws for a facility of this type**

To ensure residents receive the support and care necessary to allow them to maintain their personal hygiene

All rest homes must meet relevant public health standards under the direction of the local Medical Officer of Health. It must have a sufficient number of toilets, baths and showers to allow residents to maintain themselves in a state of cleanliness. It must also provide clean bed linen, washcloths and towels for residents, with a fresh set of each provided for each resident at least weekly. The rest home must also provide soap for residents, and must ensure that sufficient hot water is provided, while also installing controls on the hot water supply in order to prevent residents from being scalded.

Temperatures within the facility must be maintained at a minimum of 70° F or 21° C between September 15 and June 1.

Facilities must provide assistance and encouragement where necessary to ensure residents maintain their personal hygiene as part of the residential care the facility provides.

Issues relating to the number and location of toilets, sinks and showers are discussed in Section 3 on Property Standards.

10. Activity Programming

10.1 REST HOME OPERATORS MUST PROVIDE ACTIVITY PROGRAMMING IN THEIR FACILITIES AND MUST ASSIST RESIDENTS TO GAIN ACCESS TO APPROPRIATE COMMUNITY PROGRAMS.

Too often rest home residents spend their time watching television or in bed, napping, due to a lack of opportunity for other suitable activities. The Committee feels strongly that this is unacceptable, and that opportunities for group activities must be provided to residents, either by the home itself or by the home facilitating residents' access to community activities.

GOAL: **To ensure residents are provided with appropriate opportunities for recreation and leisure activities**

OBJECTIVES: **To ensure appropriate programming is provided based on residents' age, ability and needs**

To facilitate residents' access to community recreation programs

In order to facilitate group programming within the rest home, the Committee recommends that a standard be established with respect to common space for large and small group activities, and that common spaces should be provided on each floor of a rest home with three or more floors. These should be mandatory in all new facilities, and are recommended for older facilities. Existing facilities should be "grandfathered" with respect to these requirements, with a 15 year expiry date on the "grandfathering".

Some Committee members have expressed concern that these requirements for activity space might pose difficulties for small existing facilities, or might inhibit the development of new small facilities. Therefore, the Committee reminds the Minister that what are to be developed are basic standards, and reiterates previous comments about the importance of dealing with existing facilities in which the physical plant does not meet the new standards.

In addition to requiring facilities to provide common space for activity programs, the Committee also recommends that rest homes be required to encourage residents to take advantage of recreation and leisure opportunities available to them in the community, by making them aware of suitable programs and by helping them identify ways to get to these programs.

11. Record Keeping

11.1 THE REST HOME IS TO KEEP A PERSONAL RECORD FOR EACH RESIDENT.

It is important that the rest home keep a personal record for each resident. This record would be useful in the event of staff changes at the rest home, and is essential in case of an emergency. The record would accompany residents if they leave the facility for another residential setting, or if they have to go to hospital on a planned or emergency basis.

GOAL: To assist in providing continuity of care to residents over time

OBJECTIVE: To ensure staff can have immediate access to basic information about residents

To provide a basic record that can accompany residents when they leave the facility for other care settings

The rest home must keep a record on each resident which could be used to accompany him/her if a hospital admission or a move to another location is necessary. The record should include the name of a person to contact in an emergency; the name of the resident's doctor; a basic history, including a health history and notable medical conditions; medication; allergies and similar information.

These records are to be updated from time to time as appropriate, at the initiative of the resident, the resident's physician, or the facility's physician.

In order to ensure the confidentiality of information, records are to be kept in a locked location.

12. Purchased Nursing and Companion Services

12.1 REST HOME RESIDENTS MAY PURCHASE NURSING AND PERSONAL CARE SERVICES FROM AN INDEPENDENT OPERATOR ON A SHORT TERM BASIS, AS NEEDED.

The Nursing Home Act states that only facilities licensed as a nursing home may provide more than 1.5 hours of care a day, thus precluding the provision of this amount of care by rest home operators. This raises the question of how to provide care to rest home residents who have aged in place while living in rest homes and consequently require more than 1.5 hours of care. While residents and operators have developed a number of different solutions to this problem, there are some legal issues which need to be resolved.

GOAL: **To prevent rest homes from becoming de facto nursing homes**

OBJECTIVES: **To ensure that the rest home provides residents with less than 1.5 hours of nursing and personal care per day**

Rest homes constitute only one small part of the continuum of care and services for older adults. What happens at any one point on the continuum automatically affects other facilities along the continuum. In the case of rest homes and nursing homes, this interrelationship occurs at both a legal and a practical level. The legal aspect of the relationship has to do with the fact that rest homes are now prohibited by law from providing the kind and amount of care provided in nursing homes. However, a shortage of beds at higher levels of care, including in nursing homes, is one of the factors which results in residents who require more than 1.5 hours of daily care continuing to live in rest homes.

Many residents faced with this dilemma have purchased additional private nursing and personal care services from agencies which specialize in providing this service. This appears to resolve the resident's problem on a short term basis, such as when a resident is ill, or has made application for a higher level of care and is awaiting a transfer. This solution appears also to be acceptable to operators and the Ministry in these circumstances.

However, the Committee does not view this as desirable nor financially feasible on a long term basis. The Committee therefore strongly encourages the Minister to resolve the legal issues relating to the definition of a nursing home and in so doing to clarify the issue of purchase of service for rest home residents on both a long term and short term basis.

13. Resident Security

13.1 IF A REST HOME HANDLES MONEY ON BEHALF OF THE RESIDENTS, THE HOME IS SUBJECT TO AN AUDIT OR REVIEW BY THE OMBUDSMAN.

Because rest home residents represent a potentially vulnerable population, the Committee feels it is important to make some provisions for their security. The multi-faceted concept of resident security includes both the security of the person, and the need to protect any financial assets to which the rest home operator may have access. While many aspects of residents' physical safety have been addressed elsewhere in this report, some aspects remain to be discussed here.

GOAL: **To ensure the safety and security of rest home residents**

OBJECTIVES: **To provide for the physical safety of residents in rest homes**

To provide for the protection of residents' financial assets

The Committee recognizes that some rest home residents may request that rest home operators handle money on their behalf, in order to assist the resident in ensuring that bills are paid and savings are banked. The Committee supports the notion that operators might assist residents in this regard, and recommends that if a rest home handles money on behalf of the resident the home be subject to an audit or review by the Ombudsman.

With respect to residents' physical security, the Committee was unable to agree on recommendations relating to residents who might wander away from the rest home. It recognized the potentially serious nature of this problem, but felt that there was no failsafe solution which also respected the dignity and independence of the residents. The Committee urges the Minister to explore this issue in more detail before developing a final position on standards of care in rest homes, and would particularly encourage the Minister to review the results of an inquest which will be held in the near future to address this problem.

VI -- FUTURE DIRECTIONS

As a result of its work on this report, the members of the Committee have increased their commitment to regulating standards of care in Ontario's rest homes.

As a means of furthering this goal, the Committee expresses its hope that this report will receive wide distribution for comment and feedback. It specifically would like to suggest that the report be circulated to all those individuals and agencies who submitted briefs to the Office for Senior Citizens Affairs on the matter of regulating rest homes; to all those who responded to the survey on rest homes carried out by the Ontario Social Development Council on behalf of the Office for Senior Citizens Affairs; and to those who were interviewed for the report "THE REGULATION OF STANDARDS OF CARE IN REST AND RETIREMENT HOMES: A Study of Municipal Views and Concerns" prepared by Anne Johnston Associates.

The Committee also expresses its hope that the gerontological community and the public at large will be made aware of this report and its recommendations, and that they will also have opportunites to provide feedback and comments.

Finally, the Committee expresses its willingness to continue to serve in order to assist the Minister in the development and enforcement of standards of care in Ontario rest homes.

APPENDIX A

OFFICE FOR SENIOR CITIZENS'

AFFAIRS

SURVEY OF REST HOMES IN ONTARIO

MAY 1987

For Office Use Only	
Ident #:	
Unit #:	
MCode:	
BCode:	
Date:	___/ ___/ ___
Initials:	

Thank you for taking the time to complete this survey.

For the purpose of this survey the following are defined as:

Rest Homes: A home or any house or building or portion thereof which provides for a fee accommodation and residential care to two or more unrelated adult persons. They do not include a Hospital, Nursing Home, Home For The Aged, charitable institution, Home for Special Care, Group Home or any other facility if its services are licensed, approved, or regulated by provincial legislation.

Residential Care: Supervision and assistance with activities of daily living.

Residents: Those persons residing in the home who are not employees nor related to the owner/administrator.

1. How many residents can your rest home accommodate? (Please enter number in this space) _____

2. How many residents are presently living at your rest home? (Please enter number in this space) _____

3. Please indicate the number of residents who fall into each of the age groups listed below:

	#		#
Under 18	_____	65 - 74	_____
18 - 34	_____	75 - 84	_____
35 - 59	_____	85 Plus	_____
60 - 64	_____		

4. Please indicate the number of present residents who are:
   Male _____ Female _____

5. How many couples reside in your rest home? _____

6. Please indicate the number (if any) of your present residents who have Extended Care Certificates. _____

7. Of your residents <u>over 65 years of age,</u> how many would you describe as "confused"? _____

8. How many of your residents <u>under 65 years of age</u> have the following disabilities:

	#
Physical Disabilities	_____
Psychiatric Disabilities	_____
Mental Retardation	_____
Alcohol/Drug Addiction	_____

9. Please indicate in the spaces provided below <u>the number</u> of each type of room contained in your rest home:

	#
Self-Contained Apartments	_____
Private Bedrooms	_____
Bedrooms with 2 People	_____
Bedrooms with 3 or more people	_____
Private Bathrooms	_____
Bathrooms shared by 2 or more bedrooms	_____

10. From the list below, please check (✓) each one found in your rest home:

Common Dining Room	☐	Common Sitting Area With Television	☐
Cooking Facilities In Rooms	☐	Common Sitting Area Without Television	☐
Exits Equipped With Security System	☐	Personal Locked Storage	☐
Call Bells by Beds	☐	Other:	☐
Call Bells in Washrooms/ Bathing Areas	☐	(please describe) _____	

11. Please list the recreational programs used by residents in your rest home:

Exercise Classes	☐	Parties for Special Occasions	☐
Arts and Crafts	☐	Shopping Trips	☐
Cards and Games	☐	Day Trips, Outings	☐
Movies	☐		
Sing-songs, Music	☐		

Other (Please describe) _____

12. From the list below, please indicate how many of your residents are currently receiving the following services provided by your rest home.

In the second column please indicate if there is an additional charge beyond the basic daily or monthly fee for this service.

	# of Residents	Extra Charge?	
Dressing Assistance	___	Yes ☐	No ☐
Feeding Assistance	___	Yes ☐	No ☐
Bathing Assistance	___	Yes ☐	No ☐
1 Meal a Day	___	Yes ☐	No ☐
2 Meals a Day	___	Yes ☐	No ☐
3 Meals a Day	___	Yes ☐	No ☐
Housekeeping for Resident's Room	___	Yes ☐	No ☐
Laundry Services	___	Yes ☐	No ☐
Incontinent Care and Supplies	___	Yes ☐	No ☐
Medication Supervision	___	Yes ☐	No ☐
Nursing Care	___	Yes ☐	No ☐
Physiotherapy	___	Yes ☐	No ☐
Occupational Therapy	___	Yes ☐	No ☐
Speech Therapy	___	Yes ☐	No ☐
Hairdressing (Barber)	___	Yes ☐	No ☐
Other Services (Please describe) _____	___	Yes ☐	No ☐

13. What community services are currently used by your residents?

Home Care Program	☐
Public Health Nursing	☐
Specialized Disability Programs (i.e. CNIB)	☐
Specialized Psychiatric Programs	☐
Specialized Alcohol/Drug Rehabilitation Programs	☐
Specialized Programs for the Mentally Retarded	☐
Friendly Visiting	☐
Volunteer Drivers	☐
Pastoral Services	☐
Private Nursing Services	☐
Private Attendant Care	☐
Other Services	☐
(Please describe) _____	

14. What is your minimum and maximum daily charge to a resident?

Minimum $_____ Maximum $_____

15. How many residents are subsidized through municipal social services?

_____

16. Are your residents responsible for their own medications?

yes	no	some
☐	☐	☐

17. Are medications centrally stored?

yes	no	for some residents
☐	☐	☐

18. Do staff give out medications?

yes	no	sometimes
☐	☐	☐

19. Do you keep records of:

a) Residents' names, addresses, next of kin?

yes ☐ no ☐ sometimes ☐

b) Residents' medication and health care needs?

yes ☐ no ☐ sometimes ☐

c) Incidents involving residents (e.g., accidents and injuries, fires, police contacts, etc.)?

yes ☐ no ☐ sometimes ☐

20. Do you have staff on-duty 24 hours-a-day?

yes ☐ no ☐

If yes, is the person on-duty between 11 p.m. and 7 a.m. generally...

...an RN? ☐

...an RNA? ☐

...a Health Aid? ☐

...Housekeeping or Custodial Staff? ☐

...Other (please indicate) _____

21. Do you have a:

Residents' Council? Yes ☐ No ☐

Home Ombudsman Yes ☐ No ☐

22. What number of <u>in-house staff</u> are:

	#	
Owners/Operators	____	
Full-Time Staff	____	(excluding owners/operators)
Part-Time Staff (Less than 20 hours/week)	____	(excluding owners/operators)

23. How many RN's _____ full-time
_____ part-time
RNA's _____ full-time
_____ part-time
Health Care Aids _____ full-time
_____ part-time

are employed in your rest home?

24. Is your rest home part of a complex that has a

Nursing Home?	Yes ☐	No ☐
Home For The Aged?	Yes ☐	No ☐
Senior Citizens Apartments?	Yes ☐	No ☐

25. Is your rest home owned by a non-profit organization?

Yes ☐ No ☐

26. Are you interested in receiving a copy of the report resulting from this study?

Yes ☐ No ☐

27. The Office For Senior Citizens' Affairs is currently updating its "Directory of Accommodation for Seniors in Ontario". It is a listing of Homes For The Aged, Nursing Homes, Rest Homes, Elderly Persons' Centres, Senior Apartments and Day Care Centres in the province, which is available to the general public.

Do you wish to be listed in the next directory?

Yes ☐ No ☐

(over)

(mailing label)

Please correct the information on the above mailing label if it is wrong, and complete the items below:

28. Area Code: _____ 29. Phone Number: _____ 30: Ext: ____

31. Name of Owner: _____ (Optional)

32. Name of Manager/Administrator: _____
(Complete only if different from owner)

Thank you for your time and assistance in completing this questionnaire. If you have additional comments or questions please write them in the space provided below, or call Myra Wiener, Policy Advisor, at (416) 963-3744.

_____

_____

_____

_____

APPENDIX B

FINDINGS OF THE SURVEY OF REST AND RETIREMENT HOMES

NOT INCLUDED IN THIS PRINTING
BUT AVAILABLE FROM:

OFFICE FOR SENIOR CITIZENS' AFFAIRS
76 COLLEGE STREET, 6TH FLOOR
TORONTO, ONTARIO
M7A 1N3

APPENDIX C

ORGANIZATIONS WHICH SUBMITTED BRIEFS ON REST HOMES

ORGANIZATION

1.00 PLANNING/ADVISORY/CO-ORDINATING BODIES

1.10 PROVINCIAL

ASSOCIATION OF MUNICIPALITIES OF ONTARIO
GERONTOLOGY RESEARCH COUNCIL OF ONTARIO
ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS
ONTARIO MUNICIPAL SOCIAL SERVICES ASSOCIATION
ONTARIO SOCIAL DEVELOPMENT COUNCIL

1.20 COUNTY/REGIONAL

1.21 DISTRICT HEALTH COUNCILS

ALGOMA DHC
COUNTY OF SIMCOE DHC
DHC EASTERN ONTARIO
DURHAM REGION DHC
ESSEX COUNTY DHC
HALDIMAND-NORFOLK DHC
HALIBURTON KAWARTHA & PINE RIDGE DHC
HALTON DHC
HAMILTON-WENTWORTH DHC
KENT COUNTY DHC
KINGSTON FRONTENAC LENNOX AND ADDINGTON
LAMBTON DHC
METRO TORONTO DHC
NIAGARA DHC
OTTAWA-CARLETON DHC
RIDEAU VALLEY DHC
THAMES VALLEY DHC
WATERLOO REGIONAL DHC

4.00 **HEALTH ASSOCIATIONS**

ALZHEIMERS' ASSOCIATION OF ONTARIO
CANADIAN HEARING SOCIETY

5.00 **ASSOCIATIONS OF CARE PROVIDERS**

5.10 INSTITUTIONAL/RESIDENTIAL

ONTARIO ASSOCIATION OF HOMES FOR THE AGED
ONTARIO HOSPITAL ASSOCIATION
ONTARIO LONG-TERM RESIDENTIAL CARE ASSOCIATION

5.20 COMMUNITY PROGRAMS

HOME CARE PROGRAM FOR METROPOLITAN TORONTO

6.00 CARE CO-ORDINATORS

6.10 PLACEMENT CO-ORDINATION SERVICES

ALGOMA PCS
BRANT COUNTY PCS
CHATHAM-KENT PCS
HAMILTON PCS
KINGSTON, FRONTENAC, LENNOX AND ADDINGTON PCS
LAMBTON PCS
OTTAWA-CARLETON PCS *
PEEL REGIONAL PCS
THAMES VALLEY PCS

* SUBMITTED WITH OTTAWA-CARLETON DHC

7.00 LABOUR GROUPS

CHRISTIAN LABOUR ASSOCIATION OF CANADA
ONTARIO FEDERATION OF LABOUR
ONTARIO NURSES' ASSOCIATION
SERVICE EMPLOYEES INTERNATIONAL UNION OF CANADA

8.00 ADVOCACY GROUPS

8.10 SENIOR CITIZENS

CONCERNED FRIENDS OF ONTARIO CITIZENS IN CARE FACILITIES
ONTARIO ASSOCIATION OF RESIDENTS' COUNCILS
ONTARIO COALITION FOR LONG TERM CARE REFORM
PROVINCIAL RESIDENTS' COUNCILS (OLTRCA)
UNITED SENIOR CITIZENS OF ONTARIO

8.20 PSYCHIATRIC

8.30 NATIVE

ONTARIO METIS AND NON-STATUS INDIAN ASSOCIATION

8.40 FRENCH

8.50 RELIGIOUS

- ONTARIO PROVINCIAL COUNCIL
CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR ONTARIO